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STATEMENT OF

FORM 1	ORGANIZATION	Office Use Only
NAME OF COMMITTEE (in full)	(Check if name Example: If typing, type over the lines.	12FE4M5
BROOKE HOLDING	S LLC AND JACKSON NATIONAL LIFE INSURANCE O	COMPANY SSF (Jackson National PAC)
ADDRESS (number and st	1 Corporate Way treet)	
(Check if address is changed)	ss LANSING	MI 48951
	CITY	STATE ZIP CODE
COMMITTEE'S E-MAIL A (Check if address is changed)	ADDRESS (Please provide only one e-mail address) cindy.dolan@jackson.com ress	
COMMITTEE'S WEB PAG	GE ADDRESS (URL)	
(Check if addr is changed)	ress	
2. DATE 04	12 / 2012	
3. FEC IDENTIFICATI	ON NUMBER C C00254953	
4. IS THIS STATEMEN	T NEW (N) OR X AMENDED (A)	
I certify that I have exam	nined this Statement and to the best of my knowledge and belief	it is true, correct and complete.
Type or Print Name of Tr	reasurer Mr. Robert Fritts	
Signature of Treasurer	Mr. Robert Fritts [Electronically Filed]	Date 04 12 2012
NOTE: Submission of false	e, erroneous, or incomplete information may subject the person signing ANY CHANGE IN INFORMATION SHOULD BE REPORTED	,
Office Use Only	For further information Federal Election Commis Toll Free 80-424-9530	